

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

NOV 18 1937

1. PLACE OF DEATH

County Jackson
Township Kan
City K.C. Mo.

Registration District No. 395
Primary Registration District No. 1002
(No. 1704 E. 26th)

File No. 36576
Registered No. 4005
St. _____ Ward _____

2. FULL NAME

W. Marvin Gray

(a) Residence, No. 1704 E. 26th St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH 6:20 a.m.

3. SEX Male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3-1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K.C. Mo.

13. NAME Thomas Gray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Agnes Marshall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

17. INFORMANT Agnes Marshall Gray (ADDRESS) 1704 E. 26th

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Oct 5 1937

19. UNDERTAKER Adkins Bros (ADDRESS) 2000 E. 12th

20. FILED Nov 27 1937 Registrar W. M. Brown

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-2-37 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 1937

I last saw Deputy Coroner _____, 1937. Death is said to have occurred on the date stated above, at 6:20 A.M.
The principal cause of death and related causes of importance were as follows:

Prematurity
Incompetent
159

Other contributory causes of importance:

Name of operation Autopsy Date of 6:20
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1937
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? 4
If so, specify _____
(Signed) Russell C. Brown, M. D.
(Address) 2000 E. 12th

Coroner's Copy

